appendix, brings about a cure. The other cases are numerous in which the patients suffer great distress, in which it is impossible to give any name to the disease or to offer any explanation of the symptoms. It has been demonstrated that a great many of these cases are relieved, and, indeed, cured by abdominal section after all medical measures have failed.

There is a somewhat more definite form of abdominal trouble that the author imagines may lay claim to the term "intestinal hypochondriasis." Many of the patients who are the victims of this condition are men, mostly of middle age. Nearly if not all have been the subjects of chronic colitis. They are apt to complain of fixed pain and tenderness at a spot a little below and to the left of the umbilicus. The spot indicated would not be far removed from the inferior mesenteric vessels and plexus. These patients suffer from troublesome constipation, from dyspeptic troubles, from sickening pain in the abdomen, and from indefinite depression. The whole mind is engrossed by the consideration of their bowels and the contemplation of the concerns of their abdomen. There is no doubt, from the study of these and similar cases, that the sigmoid flexure is a very irritable part of the alimentary canal. It is possible that, in these cases, long-continued catarrh has led to a permanent state of irritability of the muscle forming the bowel wall, to a condition of abiding spasm, which may well cause pain and the sensations of obstruction. Various distortions of the colon and sigmoid have been observed by the author, and gave rise to chronic constipation. Cases of idiopathic dilatation of the hollow viscera have been shown frequently to depend upon a stricture of their normal outlet, though they are often met with where no such condition is present. The term is too freely employed where a certain diagnosis has not been established.

The Operative Surgery of the Joints.—In regard to operation on the joints, MARSH (*British Medical Journal*, March 5, 1898) says there is an obvious parallel to be drawn between the joints and the abdomen in regard to the results that have followed the introduction of asepsis into surgical practice. It is certain that it is just as safe to open the knee, or any other joint, as it is to open the abdomen, and that, as in the case of the peritoneum, so in that of the synovial membranes, the old view that these structures are in some way inherently unsuitable for operative treatment is erroneous.

As an illustration of the truth of this statement, he relates the results which he has obtained in the open treatment of different joints for the various injuries. In operations for loose cartilages in the knee-joint he prefers their removal to suture, and in all of the twelve cases operated upon the functional result has been perfect and the recovery afebrile.

Loose bodies in the knee are also favorably operated upon, and in two recent cases which he reports extensive manipulation was extremely well borne, with a perfect recovery and complete restoration of function.

Suture of the patella represents a test-operation by the open method in recent or old fractures. The results obtained appear to show conclusively that this operation has taken its place on the list of recent advances in practical surgery, and the evidence it affords as to the tolerance by the joints of active interference is sufficiently conclusive.

The general safety with which excision of the joints can now be performed is best illustrated by the results obtained in the case of the knee—the largest of the joints—and that in which an operation involves the most extensive wound of the soft parts, and the largest exposure of cancellous bone. Yet when care is taken to select appropriate cases, primary union after excision of the knee is as certain to take place as it is after ovariotomy or removal of the appendix.

Operation in sacro-iliac disease the author believes to be as free from danger under aseptic conditions as is operating on the other joints, and he holds that excellent results can be obtained even where the disease, in this particular region, has advanced to a considerable extent. He illustrates the results obtainable by the histories of five cases where operation produced gratifying results.

THERAPEUTICS.

UNDER THE CHARGE OF

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Locomotor Ataxia Treated with Strychnine Nitrate.—DR. EMIL ALTMAN reports a single instance in which, after increasing doses of Fowler's solution, spinal cord stretching, and static electricity had failed, this remedy was used. Strychnine nitrate, 1; glycerin, 240; water, 240, was the solution employed, hypodermatically. The initial dose was 1/48 gr. (10 drops of the above solution), which was increased until a dose of 1/6 gr. was reached; next, beginning with the initial doses, it was increased until 1/8 gr. was attained. Again, starting with the initial dose it was doubled, and trebled, until 3/8 gr. was taken at a dose. Under this treatment the pains did not return, the man could walk with the aid of a cane, and his general symptoms improved. Strychnine relieves some of the symptoms of the affection, and by nourishing the starved fibres of the cord prevents further progress of the disease.—*The Post-Graduate*, 1898, No. 7, p. 585.

Traumatic Tetanus.—MM. A. CHAUFFARD and QUÉNU report a successful instance of the intracerebral injection of antitoxin. Observation has shown that while antitetanic serotherapy is certainly preventive, it is often useless or inadequate when tetanus is well established. Roux and Borrel have explained this as follows: The nerve-cells have not the same affinity for antitoxin as for toxin. Also, tetanic antitoxin injected into animals remains in the blood, while toxin is extracted and fixed by the nerve-elements. The contra-poison does not come in contact with the poison; the two substances, although so close, do not meet. The serum is efficacious against the toxin when injected under the skin, because the greater portion of it passes into the blood, but it is powerless against the poison which has already reached the nervous elements. For this reason, when tetanus is established it often fails. In the effort to antidote the toxin at the place of its manifest activity, the method of intracerebral injection was chosen. A boy of sixteen was injured (two fingers of the left hand). Fourteen days after, tetanus appeared and rapidly became severe. On the fifth day of the disease an incision was made in each temple, the skull trephined, and from one-third to one-half drachm of concentrated serum was slowly injected to a depth of two inches through a needle. The injection was intended to reach the base of the second frontal convolution, to spare the psychomotor centres, and not risk producing any material disorder, but at the same time to be sufficiently near, so that they should be reached in the diffusion of the antitoxin. The cerebral tissues bore the injection well. As for the grave symptoms, due to the disease, these gave rise to great anxiety for the following six days. On the seventh day after the operation, for the first time the patient slept the greater part of the night. Two days later the improvement was noticeable, but not until seventeen days after the operation could the mouth be freely opened and the patient chew food. Finally complete cure was established, and no trace of cerebral lesion followed this procedure.—*La Presse Médicale*, 1898, No. 51, p. 325.

The Oily Collyria.—DR. PANAS, on account of difficulties in rendering ointments aseptic, and in making applications of the same to the eye, has chosen in their place oily solutions which can be preserved in glass-stoppered bottles. Since the salts of atropine, physostigmine, pilocarpine, and cocaine are soluble with difficulty in oil, their bases are employed in the following strengths: 1 per cent. for atropine and physostigmine, 1½ for pilocarpine, and 2 per cent. for cocaine. For the solutions olive or peanut oil is employed. These are freed from free fatty acids by washing with 90 per cent. alcohol and sterilized by heating to 248° F. After the oil is cooled to 140° F. the organic base is added. For physostigmine a solution in ether is made, and this is added to the oil at a temperature not higher than 113° F. These solutions, exposed to light and air, have remained unchanged for months. Indeed, the physostigmine, which in an aqueous collyrium quickly becomes reddened, retains its amber-yellow color when dissolved in oil. The oil apparently has a sterilizing influence, for the spores which it may contain do not develop, nor do the micro-organisms increase. Experiments have shown that the oily atropine and cocaine collyria act better than the watery, and, with the exception of a slight hyperæmia, which disappears after a few minutes, show their physiological action. An important property of this cocaine preparation is that it has no influence upon the corneal epithelium, while the watery solution has. Since this is the chief disadvantage of this substance, the advance attained in the substitution of oily solutions is readily apparent. The absolute asepsis of these collyria is so assured that they can be applied by small glass spatulas, which can be dried and thoroughly heated after use. Note is also made that castor-oil has also been recommended, in fact was the first to be used for this purpose.—*Klinisch-therapeutische Wochenschrift*, 1898, No. 28, S. 1023.

[Castor-oil so frequently irritates the conjunctiva that its use has been very properly abandoned.—R. W. W.]

The Use of Ichthyol in Diseases of the Eye.—DR. M. EBERSON makes use of a 30 to 50 per cent. aqueous solution to which a small percentage of glycerin is added, and of a 5 per cent. ointment. Fifteen instances of its use are reported. The conclusions are: (1) That it is a sure remedy for the cure of trachoma in that the course of the disease is shortened and the surfaces become smooth. (2) That this method is especially to be recommended for children. (3) That it quickly cures catarrhal conjunctivitis with or without corneal complications. (4) That it is a powerful remedy for clearing up corneal scars.—*Klinisch-therapeutische Wochenschrift*, 1898, No. 18, S. 669.

The Treatment of Gonorrhœa.—DR. PAUL NOGUÈS states that protargol (silver proteinate) is not irritating, so that injections of its solution can be made so soon as the patient presents himself. Three are given each day; the morning and afternoon injection should be retained five minutes, the evening, thirty. Since it is tiresome to keep the urethra closed with the fingers for this one injection of a half-hour's duration, six, of five minutes each, are substituted. After a few days the evening injection only is necessary, and this should be continued for three or four weeks. A syringe of at least four drachms capacity should be chosen. The strength of the solution is from 0.25 to 0.50, and later to 1 per cent. Of fifteen patients under observation four presented themselves before the inflammatory symptoms were declared, and in these the treatment was abortive, and all were cured. Four appeared during the acute stage; of these three were cured. The remaining seven came under observation during the decline of the discharge, and all were cured. The injections did not cause pain nor other disturbance, save that strong solutions produced complaint of some rectal discomfort and a desire to urinate. The duration of the treatment varied from six to thirty-six days; the average is twenty-one, which may be further reduced to twelve or fifteen. The harmlessness of the remedy leads to the hope that it may be successfully employed in retro-injections and irrigations.—*Annales des Maladies des Organes Génito-Urinaires*, 1898, No. 6, p. 569.

DR. SALOSCHIN reports upon the use of this substance in the gonorrhœa of women. For eight instances of acute disease it was applied in 5 per cent. solution through a speculum to the cervical canal, the vagina treated with a 2 per cent. solution, and a tampon moistened in the first-named solution left in position. In the subacute variety, and especially complicated with cystitis, irrigation of the bladder with a ½ to 1 per cent. solution gave variable results in ambulant patients. Some were markedly improved; in others betterment could not be declared, and in some the treatment was not effective in preventing a recrudescence of the disease. The general conclusion is reached that the remedy is likely to be serviceable in this disease.—*Klinisch-therapeutische Wochenschrift*, 1898, No. 25, S. 929.

Protargol in Genito-urinary Therapeutics.—DR. PAUL GUILLON employs a 2 *per mille* solution for vesical irrigation, and finds that it is a complete disinfectant. For gonorrhœa in its various stages, whether used in injections, by irrigation without catheter or with special instruments, or in instillations, the same results are obtained as with potassium permanganate or silver nitrate,